

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <u>Omar Marrero, pro se</u>		COURT CASE NUMBER <u>04-30230-KPN</u>
DEFENDANT <u>Franklin County House of Correction</u>		TYPE OF PROCESS <u>Civil</u>
<b>SERVE</b> ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN	
	<u>House of correction c/o Supt Byron</u>	
<b>AT</b>	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	
	<u>160 Elm Street Greenfield MA 01301</u>	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	<u>1</u>
<u>Personal and official capacities</u> <u>8:00 am - 4:00 pm</u> <u>Greenfield MA 01301</u>		Number of parties to be served in this case	<u>10</u>
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available For Service):

Personal and official capacities8am - 4pm

Signature of Attorney or other Originator requesting service on behalf of:

Omar Marrero☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

12/10/04**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>01</u>	District of Origin No. <u>38</u>	District to Serve No. <u>38</u>	Signature of Authorized USMS Deputy or Clerk <u>am c m</u>	Date <u>12/29/04</u>
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

12/31/04

Time

an

pn

Signature of U.S. Marshal or Deputy

am c m #587

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: Mailed Cert Ret Rec Mail (us Postal Service) MCN.

\*U.S. GPO: 2000-463-702/25203

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF <u>Omar Marrero, pro se</u>		COURT CASE NUMBER <u>04-30230-KPN</u>
DEFENDANT <u>Franklin County House of Correction</u>		TYPE OF PROCESS <u>Civil</u>
<b>SERVE</b> ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Franklin County / Sheriff McDonald Sheriff Dept</u>	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>160 Elm Street Greenfield Ma, 01301</u>	
<b>AT</b>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		
<del>Personal and official capacities</del> <del>8:00am - 4:00pm</del> <del>160 Elm St</del> <del>Greenfield MA</del>		Number of process to be served with this Form - 285 <u>1</u>
		Number of parties to be served in this case <u>10</u>
		Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):  
Fold

Personal and official capacities  
8:00am - 4:00pm

Signature of Attorney or other Originator requesting service on behalf of: <u>Omar Marrero</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <u>12/10/04</u>
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>01</u>	District of Origin No. <u>38</u>	District to Serve No. <u>38</u>	Signature of Authorized USMS Deputy or Clerk <u>Amie C. M...</u>	Date <u>12/29/04</u>
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I hereby certify and return that I ☒ have personally served ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)	Date of Service <u>12/31/04</u>	Time <u>pm</u>
	Signature of U.S. Marshal or Deputy <u>Amie C. M... #52</u>	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: Mailed Cert Ret Rec Mail (us Postal Service) MCN

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF

Omar Marnere pro se

COURT CASE NUMBER

04-30230-KPN

DEFENDANT

Franklin County house of correction

TYPE OF PROCESS

Civil

**SERVE**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Duse Morningstar Medical Administrator

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

**AT**

160 Elm Street Greenfield ma 01301

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Omar Marnere  
160 Elm Street  
Greenfield ma  
01301

Number of process to be served with this Form - 285

1

Number of parties to be served in this case

10

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fol

Personal and official capacities  
8am - 4pm

Signature of Attorney or other Originator requesting service on behalf of:

Omar Marnere

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

12/15/04

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**I acknowledge receipt for the total number of process indicated.  
(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

01

District of Origin

No. 38

District to Serve

No. 38

Signature of Authorized USMS Deputy or Clerk

Omar Marnere

Date

12/30/04

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service

12/31/04

Time

am

pm

Signature of U.S. Marshal or Deputy

Omar Marnere

52

Service Fee

Total Mileage Charges  
(including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Return

REMARKS:

Mailed Cert Ret Rec Mail (US Postal Service) MCN

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. on the reverse of this form."

PLAINTIFF <u>Omar Marrero pro se</u>		COURT CASE NUMBER <u>04-30230</u>
DEFENDANT <u>Franklin County House of Correction</u>		TYPE OF PROCESS <u>Civil</u>
<b>SERVE</b> ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE <u>Deputy Superintendent Fitzpatrick</u>	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>160 Elm St Greenfield Ma 01301</u>	
<b>AT</b>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		
<u>Omar Marrero</u>		Number of process to be served with this Form - 285 <u>1</u>
<u>160 Elm St</u>		Number of parties to be served in this case <u>1</u>
<u>Greenfield Ma 01301</u>		Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Telephone Numbers, and Estimated Times Available For Service):  
Fold

Personal and official capacities  
8am - 4 pm

Signature of Attorney or other Originator requesting service on behalf of: <u>Omar Marrero</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <u>1/10/05</u>
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>01</u>	District of Origin No. <u>38</u>	District to Serve No. <u>38</u>	Signature of Authorized USMS Deputy or Clerk <u>Marie C. Ann</u>
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process due on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address insert☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion residing in the usual place of abode.
Address (complete only if different than shown above)	Date of Service <u>12/31/04</u>
	Signature of U.S. Marshal or Deputy <u>Marie C. Ann</u>

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount
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REMARKS: Mailed Cert. Ret Rec Mail (US Postal Service) MCN

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <u>Omar Marrero pro se</u>		COURT CASE NUMBER <u>04-30230-KP12</u>
DEFENDANT <u>Franklin County House of Correction</u>		TYPE OF PROCESS <u>Civil</u>
<b>SERVE</b> ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN	
	<u>Deputy Superintendent Hall</u>	
<b>AT</b>	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	
	<u>160 Elm Street Greenfield Ma 01301</u>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		
<u>Omar Marrero</u> <u>160 Elm St</u> <u>Greenfield Ma</u> <u>01301</u>		Number of process to be served with this Form - 285 <u>1</u>
		Number of parties to be served in this case <u>10</u>
		Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available For Service):  
Fold

Personal and official capacities  
8am - 4pm

Signature of Attorney or other Originator requesting service on behalf of:

Omar Marrero
☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

12/10/04**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>01</u>	District of Origin No. <u>38</u>	District to Serve No. <u>38</u>	Signature of Authorized USMS Deputy or Clerk <u>Munie C. Am</u>	Date <u>12/19/04</u>
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service <u>12/31/04</u>	Time <u>pm</u>
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Signature of U.S. Marshal or Deputy  
Munie C. Am #5279

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: Mailed Cert. Ret Rec Mail (US Postal Service) MCN

\*U.S. GPO: 2000-463-702/25203

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <u>Omar Marrero pro se</u>		COURT CASE NUMBER <u>04-30230-KPN</u>	
DEFENDANT <u>Franklin County House of Correction</u>		TYPE OF PROCESS <u>Civil</u>	
<b>SERVE</b> ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Deputy Superintendent Shepard</u>		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>160 Elm Street Greenfield Ma 01301</u>		
<b>AT</b>			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	<u>1</u>
<input checked="" type="checkbox"/> <del>RECEIVED</del> Omar Marrero pro se 160 Elm St Greenfield Ma 01301		Number of parties to be served in this case	<u>10</u>
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):  
Fold

Personal and official Capacities

8am-4pm

Signature of Attorney or other Originator requesting service on behalf of: <u>Omar Marrero</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <u>12/10/04</u>
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>01</u>	District of Origin No. <u>38</u>	District to Serve No. <u>38</u>	Signature of Authorized USMS Deputy or Clerk <u>Amme C. Ann</u>	Date: <u>2/29</u>
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)	Date of Service <u>12/31/04</u>	Time
	Signature of U.S. Marshal or Deputy <u>Amme C. Ann</u>	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: Mai Led Cert. Ret Rec Mail (US Postal Service) MCN



U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <u>Omar Marrero pro se</u>	COURT CASE NUMBER <u>04-30230-KP12</u>
DEFENDANT <u>Franklin County House of Correction</u>	TYPE OF PROCESS <u>Civil</u>
<b>SERVE</b> ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Med. Dept. C/O Nurse Morningstar</u>
<b>AT</b>	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>160 Elm Street Greenfield Ma 01301</u>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	
<u>Omar Marrero</u> <u>160 Elm St</u> <u>Greenfield Ma</u> <u>01301</u>	Number of process to be served with this Form - 285 <u>1</u>
	Number of parties to be served in this case <u>10</u>
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fol

Personal and official capacities  
8am - 4pm

Signature of Attorney or other Originator requesting service on behalf of: <u>Shawn T. ...</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <u>12/10/04</u>
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I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>01</u>	District of Origin No. <u>38</u>	District to Serve No. <u>38</u>	Signature of Authorized USMS Deputy or Clerk <u>Amie C. ...</u>	Date <u>12/29/04</u>
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)				<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.		
Address (complete only if different than shown above)				Date of Service <u>12/31/04</u>	Time am pm	
				Signature of U.S. Marshal or Deputy <u>Amie C. ...</u> #52		
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS: Mailed Cert Ret Rec Mail (US Postal Service) MCN



U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF

Omar Marrero, pro se

DEFENDANT

Franklin County House of Correction

COURT CASE NUMBER

04-30230-KPN

TYPE OF PROCESS

Civil

**SERVE**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Franklin County Sheriff McDonald

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

**AT**

160 Elm Street

Greenfield Ma 01301

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Personal and official capacities

8:00am - 4:00pm

Omar Marrero  
160 Elm St  
Greenfield Ma  
01301

Number of process to be served with this Form - 285

1

Number of parties to be served in this case

10

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses All Telephone Numbers, and Estimated Times Available For Service):

Personal and official capacities

8am - 4pm

Signature of Attorney or other Originator requesting service on behalf of:

Omar Marrero

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

DATE

12/10/04

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

01

District of Origin

No. 38

District to Serve

No. 38

Signature of Authorized USMS Deputy or Clerk

mmc c m

Date

12/29/04

I hereby certify and return that I ☐ have personally served ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

12/31/04

Time

am

pm

Signature of U.S. Marshal or Deputy

mmc c m #5279

Service Fee

Total Mileage Charges (including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

REMARKS:

Mailed Cert Ret Rec Mail (us Postal Service) MCN



**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Franklin County House of  
Correction  
160 Elm Street  
Greenfield, MA 01301  
Attn Legal Dept

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature *[Signature]* ☒ Agent
- B. Received by *[Signature]* (Printed Name) ☐ Addressee
- C. Date of Delivery 12/31/04
- D. Is delivery address different from item 1? ☐ Yes ☒ No  
If YES, enter delivery address below:

## 3. Service Type

- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

## 2. Article Number

(Transfer from service label)

7000 1530 0002 9435 1248

Domestic Return Receipt

PS Form 3811, August 2001

102595-02-M-1540